



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5340

<b>SERIAL NUMBER</b> 10/828,630	<b>FILING OR 371(c) DATE</b> 04/09/2004 <b>RULE</b>	<b>CLASS</b> <del>424</del> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> AFD 503	
<b>APPLICANTS</b> Jill E. Parker, Floresville, TX; Johnathan L. Kiel, Universal City, TX; Homer Gifford, Hardy, AR; John L. Ails, Floresville, TX, Deceased; Pedro J. Morales, Floresville, TX, Legal Representative;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/480,280 06/20/2003 <b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <u>and</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26902					
<b>TITLE</b> Curlicue vaccine strain of Bacillus anthracis					
<b>FILING FEE RECEIVED</b> 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		